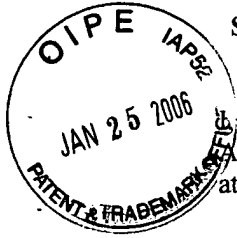


## **Addendum**

- 1. Declaration / Power of Attorney Signed By Personal Representative; Terminal Disclaimer To Obviate A Double Patenting Rejection**



**SIGNING BY PERSONAL REPRESENTATIVE ON BEHALF OF DECEASED INVENTOR**  
(37 CFR 1.42 and 1.43)

I, Barbara E. Mays, hereby declare that I am a citizen of United States, residing at 6740 South 69<sup>th</sup> East Avenue, Tulsa, OK 74133-1736, and that I am executing and signing the declaration to which this is attached as the personal representative of:

Ralph C. Mays  
US

*Country of Citizenship:*

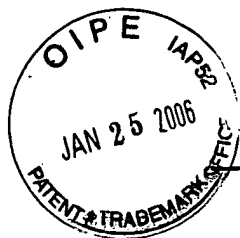
Attached herewith are the following copies:

1. Letters Testamentary as filed with the U.S. District Court, Tulsa, Oklahoma on May 25, 2004; and
2. Certificate of Death

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: January 20, 2006

Barbara E. Mays  
Barbara E. Mays



**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is for a divisional application.

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

AN OBTURATOR SYSTEM FOR FILLING A ROOT CANAL AND METHOD OF USE  
THEREOF

**SPECIFICATION IDENTIFICATION**

The specification was filed on November 11, 2003, as Serial No. 10/706,119.

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)  
UNDER 35 U.S.C. 120**

I hereby claim the benefit, under Title 35, United States Code, § 120, of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information that is material to patentability as defined in 37, Code of Federal Regulations, § 1.56 and that is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, that occurred between the

filing date of the prior application(s) and the national or PCT international filing date of this application.  
(37 C.F.R. § 1.63(e)).

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120:				
U.S. APPLICATIONS			Status	
U.S. APPLICATIONS	U.S. FILING DATE	Patented	Pending	Abandoned
1. 09/925,988	09 AUG 01	X		
2. 09/481,611	12 JAN 00	X		

#### POWER OF ATTORNEY

I hereby appoint the practitioner(s) associated with Customer Number 28827 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

---

#### SEND CORRESPONDENCE TO:

#### DIRECT TELEPHONE CALLS TO:

#### CUSTOMER NUMBER 28827

Gable and Gotwals  
100 West 5th Street, 10th Floor  
Tulsa, OK 74103

Paul H. Johnson  
918-595-4963

---

#### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

#### SIGNATURE(S)

Barbara E. Mays, personal representative of Ralph C. Mays, inventor (deceased)

Inventor's signature Barbara E. Mays  
Date January 30, 2006 Country of Citizenship US  
Residence Tulsa, OK  
Post Office Address 6740 South 69<sup>th</sup> East Avenue, Tulsa, OK 74133-1736



IN THE DISTRICT COURT IN AND FOR TULSA COUNTY  
STATE OF OKLAHOMA  
IN THE MATTER OF THE ESTATE OF )  
RALPH CHARLIE MAYS, DECEASED )

No. PB-2004-399

**Letters Testamentary**

**DISTRICT COURT  
FILED**

MAY 25 2004

STATE OF OKLAHOMA )  
COUNTY OF TULSA ) ss.

SALLY HOWE SMITH, COURT CLERK  
STATE OF OKLA, TULSA COUNTY

The Last Will and Testament of Ralph Charlie Mays, having been proved and recorded in the District Court of Tulsa County, Oklahoma, Barbara E. Mays, who is named therein, is hereby appointed Personal Representative of the Estate.

Witness my hand, as Judge of the District Court of the County of Tulsa, this 25th day of May, 2004.

**LINDA G. MORRISSEY**

Judge of the District Court

**Oath of Personal Representative**

STATE OF OKLAHOMA )  
COUNTY OF TULSA ) ss.

I, Barbara E. Mays, do solemnly swear that I will perform according to law, and to the best of my ability, the duties of Personal Representative of the Last Will and Testament of Ralph Charlie Mays, Deceased. So help me God.

Barbara E. Mays  
Barbara E. Mays

Subscribed and sworn to before me this 25th day of May, 2004.

I, Sally Howe Smith, Court Clerk, for Tulsa County, Oklahoma, hereby certify that the foregoing is a true, correct and full copy of the instrument herewith set out as appears on record in the Court Clerk's Office of Tulsa County, Oklahoma, this

**LINDA G. MORRISSEY**

Judge of the District Court

By [Signature]  
Deputy

STATE OF OKLAHOMA  
CERTIFICATE OF DEATH

**JAN 25 2006**

STATE FILE NUMBER

**LOCAL FILE NUMBER**

LOCAL FILE NUMBER 1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) <b>Ralph Charlie Mays</b>		STATE FILE NUMBER 2. SEX <b>M</b>		3. SOCIAL SECURITY NUMBER <b>443-32-8752</b>		4. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5a. AGE-Last birthday (years) <b>72</b>		5b. UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Minutes <b>0</b>		6. DATE OF BIRTH <b>2-19-1932</b> (Mo/Day/Yr)		7. BIRTHPLACE (City and State or Foreign Country) <b>Marble City, Ok</b>	
8a. RESIDENCE-State <b>Oklahoma</b>		8b. RESIDENCE-County <b>Tulsa</b>		8c. RESIDENCE-City or Town <b>Tulsa</b>		8d. RESIDENCE-Zip Code <b>74133</b>	
8f. RESIDENCE-Street and Number <b>6740 S. 69th E. Ave.</b>						8e. RESIDENCE-Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8g. RESIDENCE-Apartment Number							
9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown				10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) <b>Barbara Holland</b>			
11. FATHER'S NAME (First, Middle, Last) <b>Gillis P</b>				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Mammie Thurber</b>			
13. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____		14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____		15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MEd, MA, MS, MEng, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, JD)			
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) <b>Self Employed</b>				17. KIND OF BUSINESS / INDUSTRY <b>Dental Manufacturing</b>			
18a. INFORMANT'S NAME <b>Barbara Mays</b>		18b. RELATIONSHIP TO DECEDENT <b>Spouse</b>		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>6740 S. 69th E. Ave. Tulsa, Ok 74133</b>			
19. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify) _____		20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Holland Cemetery</b>		21. LOCATION - City, Town and State <b>Tahlequah, Oklahoma</b>			
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>Moore's Eastlawn Chapel 1908 S. Memorial Tulsa, Ok 74112</b>				23. SIGNATURE OF FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH <i>John K. Wil</i>			
24. FUNERAL HOME LICENSE # <b>1291</b>							

IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input checked="" type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify): _____	
26. FACILITY NAME (If not institution, give street & number) <b>St. Francis 6161 S. Yale</b>		27. CITY OR TOWN, STATE AND ZIP CODE OR LOCATION OF DEATH <b>Tulsa, Oklahoma 74136</b>	
28. COUNTY OF DEATH <b>Tulsa</b>			
29. DATE OF DEATH <b>4-22-2004</b> (Mo/Day/Yr)	30. TIME OF DEATH <b>1230</b>	31. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	32. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
34. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.  IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>a. Cardiopulmonary Collapse</b> Due to (or as a consequence of): <b>b. Acute Myocardial Infarction</b> Due to (or as a consequence of): <b>c.</b> Due to (or as a consequence of): <b>d.</b>		35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  Approximate Interval: Onset to death: _____ _____ _____ _____	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
39. DATE OF INJURY (Mo/Day/Yr)	40. TIME OF INJURY	41. PLACE OF INJURY (e.g., Decedent's home, construction site, wooded area)	42. DESCRIBE HOW INJURY OCCURRED:
43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
44. LOCATION OF INJURY: State: _____ City or Town: _____ Zip Code: _____  Street & Number: _____ Apartment Number: _____		45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify): _____	
46. CERTIFIER (Check only one): ATTENDING PHYSICIAN: <input checked="" type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.  <input type="checkbox"/> MEDICAL EXAMINER On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  Signature of Certifier: <i>[Signature]</i>		47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) <b>Dwight Hardy DO</b> <b>8115 S. Memorial</b> <b>Tulsa, Ok 74133</b>	
50. REGISTRAR'S SIGNATURE (Local) <i>[Signature]</i>		48. LICENSE NUMBER <b>2223</b>	49. DATE CERTIFIED <b>4/30/04</b> (Mo/Day/Yr)
51. DATE RECEIVED BY LOCAL REGISTRAR <b>MAY 06 2004</b> (Mo/Day/Yr)		52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr)	

**Note to the Attending Physician:**  
Do not sign unless the death occurred due to a natural disease process.  
*Unnatural deaths are the responsibility of the Medical Examiner.*

Physician or Medical Examiner

**2004 REVISION.**

VS 154 (1-04)

**BEST AVAILABLE COPY**